

# Review of *'Imunizasaun Proteje Labarik' IPL*



RDTL

April 2011 - October 2013



# Review Team

## **Independent Review Team**

- International evaluation consultant – Project Leader
  - Mr Gordon A. Larsen
- Timorese consultants
  - Mr Agostinho Caet
  - Mr Emilio de Araujo Tilman
- Timorese data collectors
  - Ms Cesaltina Soares Amaral
  - Ms Simforosa De Deus Soares

Review period : 17 September – 21 October, 2013

# **Review Focus:**

IPL's support to the Ministry of Health (MOH)

## **Objectives of the Review:**

- Analyze changes in immunization coverage;
- Describe perceptions and views of stakeholder on the effectiveness and value of IPL support activities;
- Describe IPL's contribution to tools and approaches for strengthening service delivery;
- Identify problems, constraints and lessons learned;
- Explore effectiveness of IPL at the national level in formulating policies, developing training materials and job aids and presenting relevant evidence for advocacy;
- Make recommendations regarding continuation of program strategies.

# Approval of the Review

- INS endorsed the review proposal and tools
- Approved by John Snow, Incorporated Internal Review Board, USA.

# Overview of IPL

## **Operation and Funding**

- Funded by Millennium Challenge Corporation (MCC)
- Oversight in-country by USAID/Timor-Leste
- Administered through Maternal and Child Health Integrated Program (MCHIP)
- Managed by John Snow, Incorporated (JSI)

# Overview of IPL, Cont

## Project aims

- Strengthen Timor-Leste's Expanded Program on Immunization (EPI) system
- Assist the Ministry of Health (MOH) EPI to increase the average national coverage of measles and DPT3 vaccines from 67.5% to 81.5% ( April 2011 to October 2013)
- Target seven districts: Ainaro, Baucau, Dili, Ermera, Liquica, Manufahi & Viqueque

# IPL Objectives and Strategies (1)

- **Strengthen service delivery to identify and reach unimmunized children**
  - Support micro-planning
  - Uma Imunizasaun Tool – (community monitoring of immunization status)
- **Strengthen district and community health service level program management capacity and technical skills**
  - Supported supervision and mentoring of vaccinators
  - Health-worker training
  - Temporary attachment of Indonesian midwives

# IPL Objectives and Strategies (2)

- **Strengthen SISCa as an effectively functioning community-based outreach mechanism**
  - Support of SISCa, mobile clinic and outreach with transport, fuel/maintenance, technical mentoring
  - Community leader training
  - School-based immunization orientation
- **Strengthen program monitoring and reporting through better collection of routine data and analysis**
  - Support district level monitoring
  - National level support for EPI program, HMIS



# IPL Team

- Chief of Party (Dr Ruhul Amin)
- 2 Field Coordinators
- 1 Monitoring/Training Coordinator
- 7 Technical Officers (3 weeks in each month based in the Districts)
- 1 Operations Manager and 4 Finance/Admin
- 7 Drivers

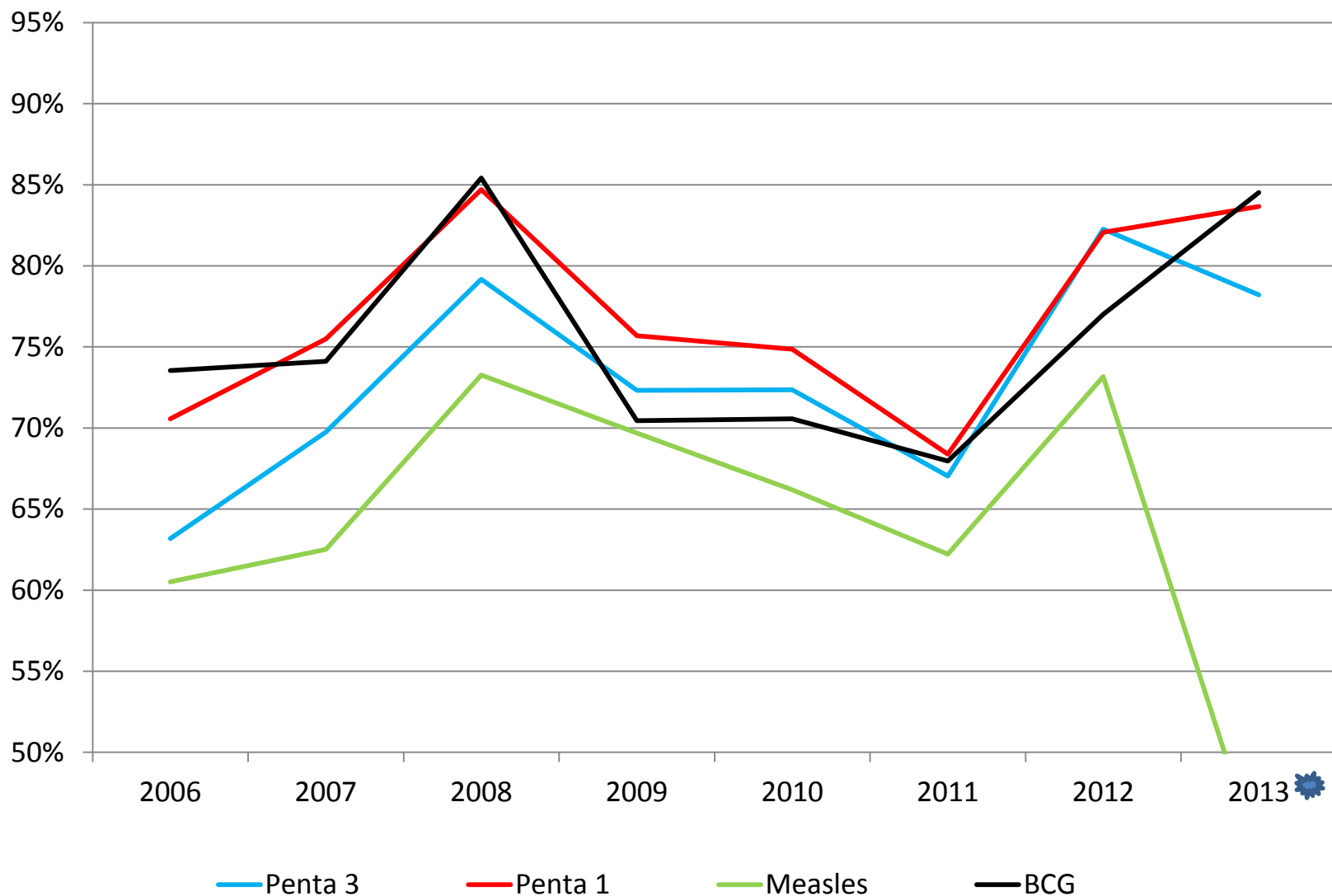
(In June 2013 the IPL team expanded to extend activities to Oecusse and Manatuto – however this was outside the scope of the review).

# Review Methodology

1. Review existing secondary data:
  - Program monitoring data
  - Program documentation
  - National EPI data (HMIS)
2. Collect new qualitative/quantitative data:
  - Interviews (in 4 of 7 districts)
  - Focus Group Discussions (in 4 of 7 districts)

# National Immunization Coverage: 2006-2013

## BCG, Measles, Penta 1 and Penta 3

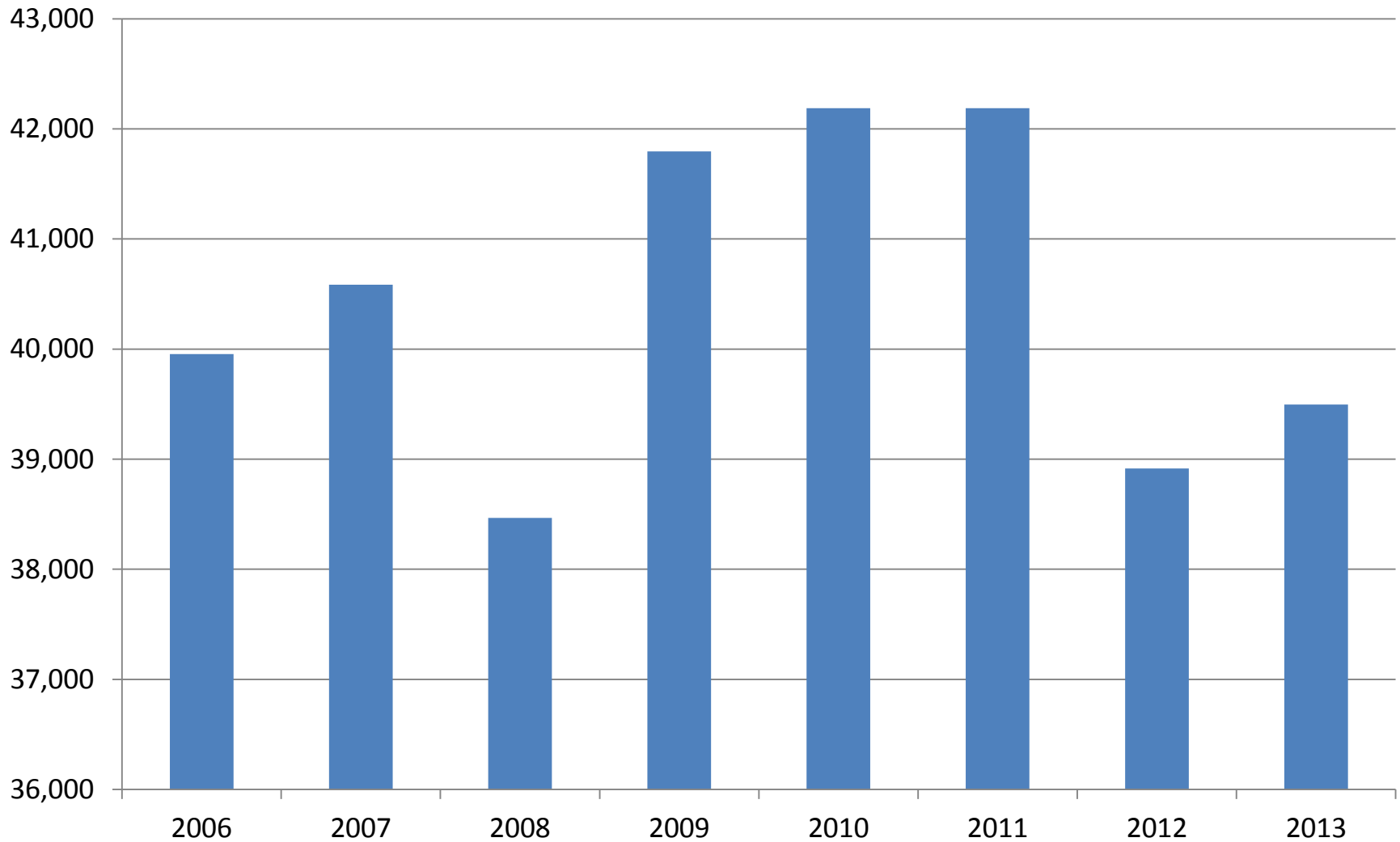


Data Source : HMIS



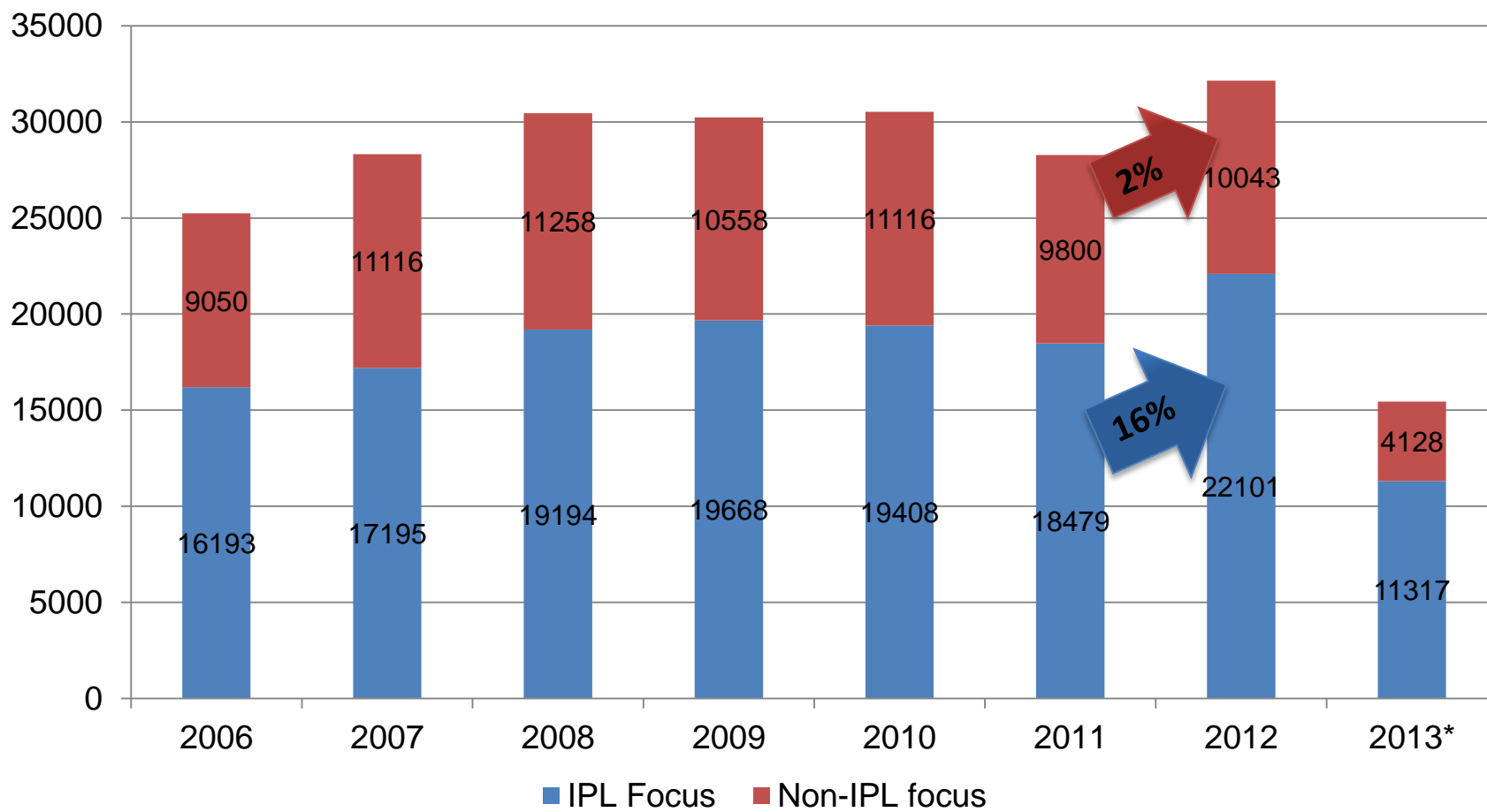
Jan-June 2013

# Population target for vaccination (<1 year) by year



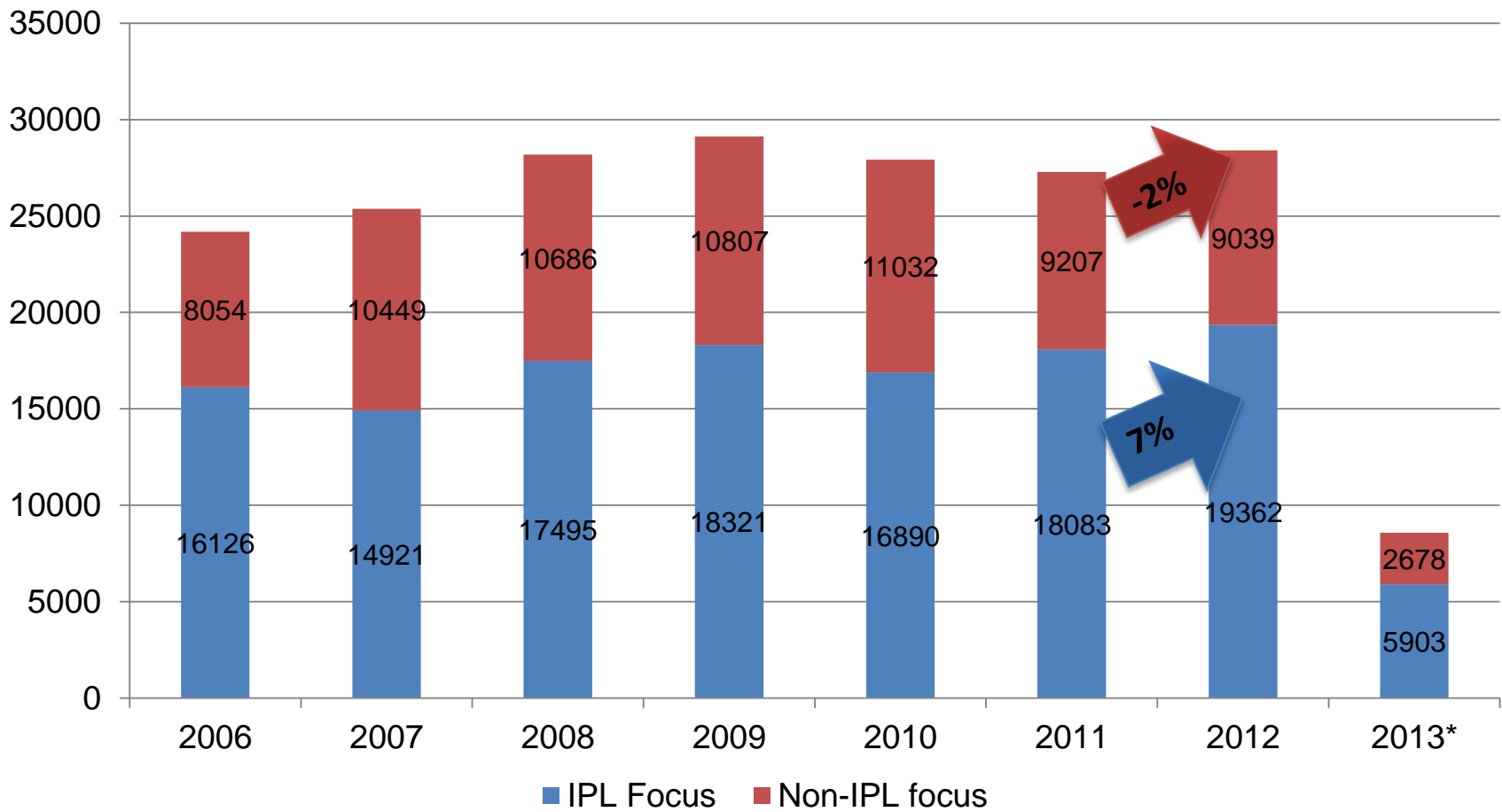
Data Source: Population projection HMIS/MoH

## Absolute number of Penta 3: IPL and Non-IPL focus, 2006-2013



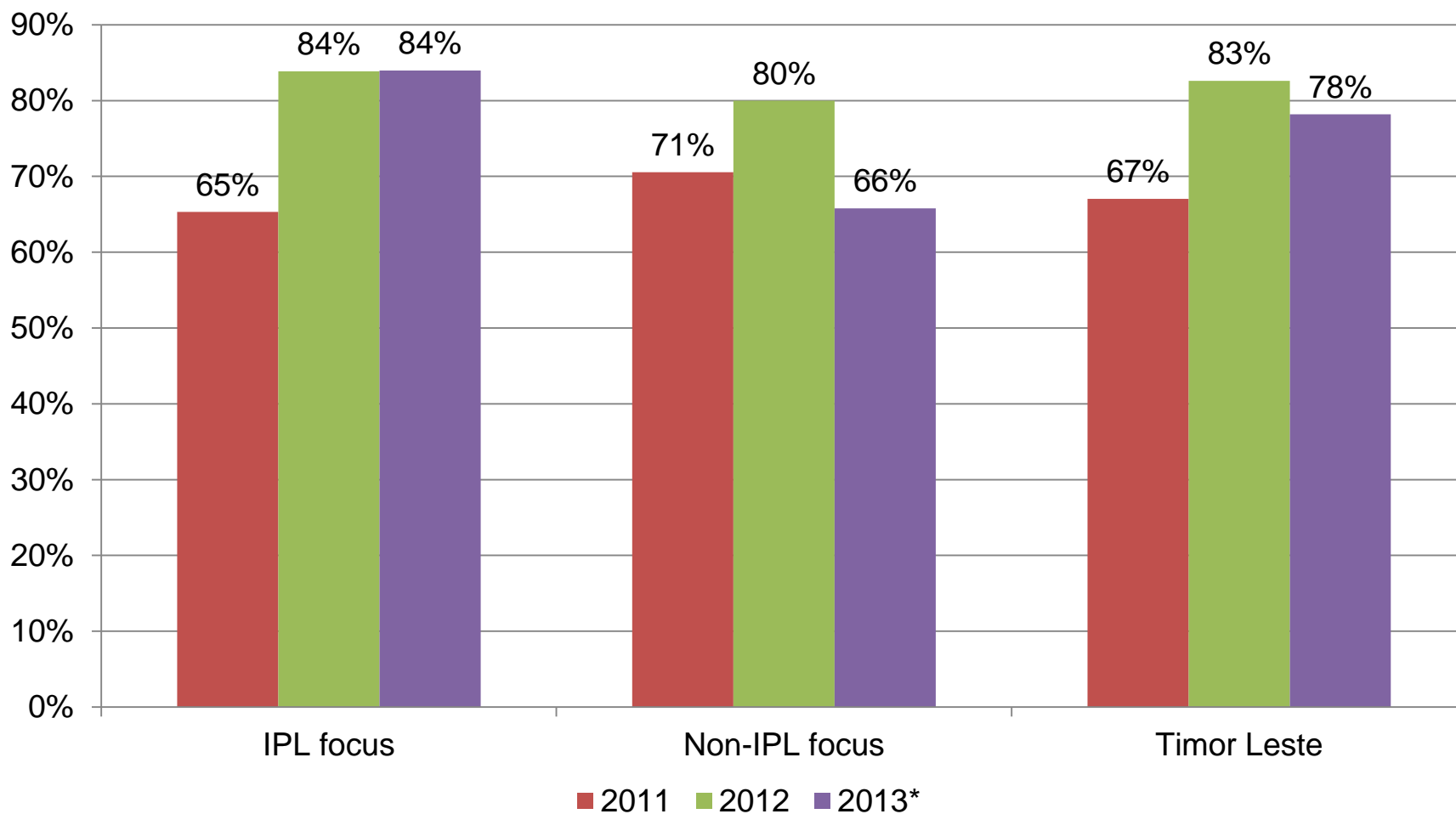
Data source: HMIS/MOH \* Jan-June 2013

# Absolute number of Measles: IPL and Non-IPL focus, 2006-2013



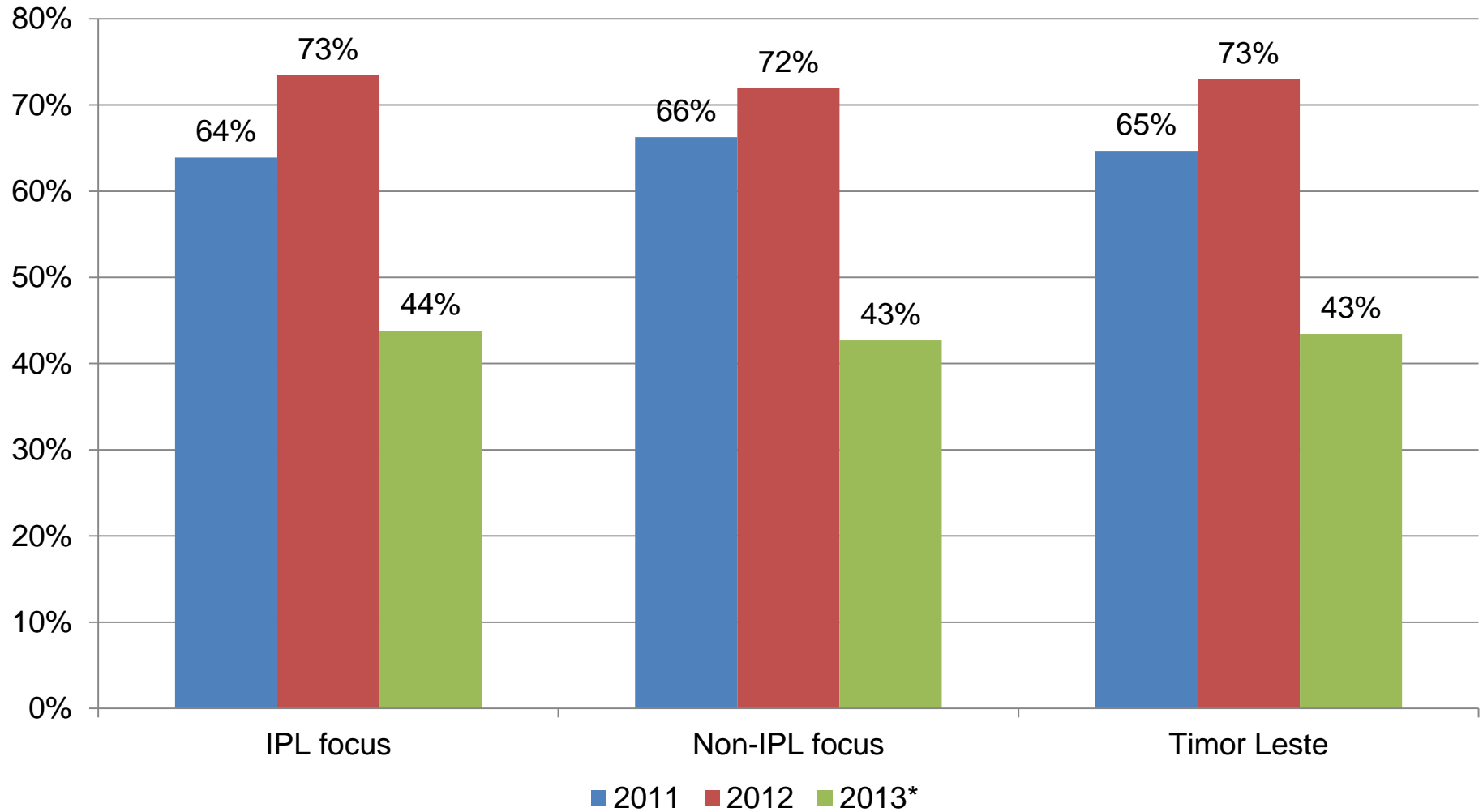
Data source: HMIS/MOH \* Jan-June 2013

## Penta-3 Coverage



Data source: HMIS/MOH \* Jan-June 2013

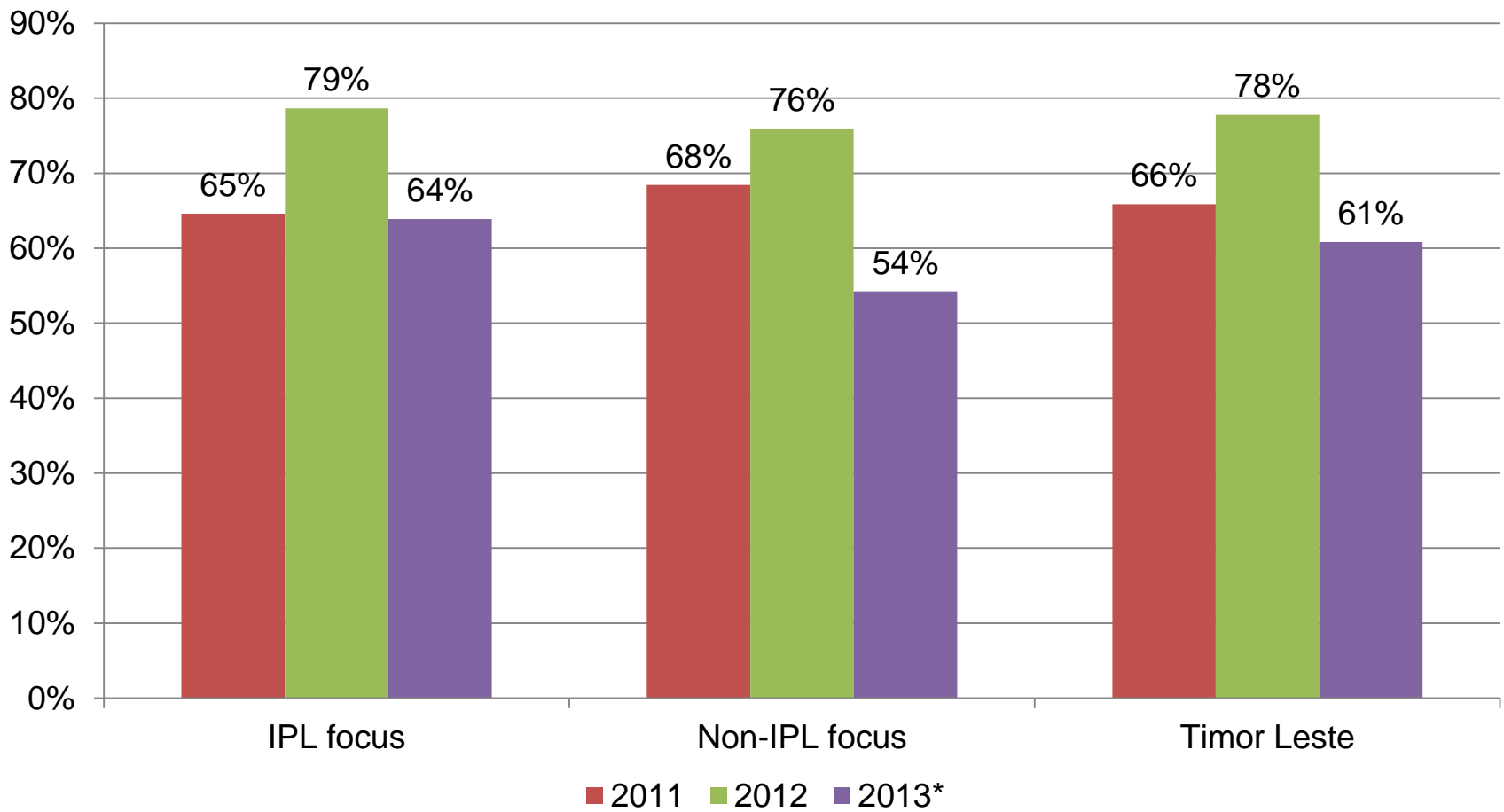
# Measles Coverage



Data source: HMIS/MOH \* Jan-June 2013



# Average Measles and Penta 3



Data source: HMIS/MOH ; \* Jan-June 2013

# Interview informants

## Informants

48 Community Leaders  
and PSF



16 Vaccinators



16 DPHO,  
CHC Director/Deputy  
DHS Director/Deputy  
(Health Managers)



20 National Level  
MOH (12) and  
International Partners (8)  
(MOH/P)



## IPL Activities

Community Leader Training  
Micro-planning  
Uma Imunizasaun Tool (6 x FGD, 45 participants)

Supportive Supervision/Training, and also  
Micro-planning / Outreach / Community Leader  
Training and Uma Imunizasaun

Supportive Supervision/Training, Micro-planning,  
Outreach, Community Leader Training,  
Uma Imunizasaun, Indonesian Midwives, School  
Orientation

IPL's overall performance, effectiveness  
Supportive Supervision/Training, Micro-planning  
Outreach, Community Leader Training,  
Uma Imunizasaun, Indonesian Midwives, School  
Orientation

# Interview/FGD Locations

	Community Interviews (Community leaders & PSF)	Focus Groups UI Tool	Vaccinator DPHO CHC Director DHS Director
<b>Ermera</b>	Humboe, Ermera Vila Goulolo, Letefoho	Dukurai, Letefoho Tokululi, Railaco Homboe, Ermera Estadu, Ermera	Letefoho, Ermera Vila
<b>Manufahi</b>	Rotuto, Same Vila Dotik, Alas	Betano, Same Vila	Same Vila Alas Fatuberliu
<b>Viqueque</b>	Irabin de Baixo, Watucarbau Afloicai, Watulari	Uma Tolu, Lacluta	Viqueque Vila Watulari
<b>Dili</b>	Bidau Lecidere, Nain Feto Sabuli, Metinaro	Balibar, Cristo Rei	Formosa Metinaro

# Informants views of IPL

	Health managers (n=16)	MOH and National Partners (n=20)	Combined
How do you rate the IPL program in providing support to Timor-Leste's routine immunization	86% "extremely effective" or "effective"	100% "extremely effective" or "effective"	93%
How effective has IPL's support been in improving the reporting of immunization coverage	94% "extremely effective" or "effective"	79% "extremely effective" or "effective"	87%
Quality of the support you have received from IPL technical officers	94% "excellent quality" or "good quality"	64% "excellent quality" or "good quality"	79%
Quality of IPL's engagement with your organization		100% "excellent quality" or "good quality"	100%

# Most Effective IPL Activities

MOH/National Partners views*	
Support micro-planning with immunization focus	93%
Uma Imunizasaun Tool - Support communities track immunization coverage	64%
Supportive supervision	64%
Support SISCa, MC, outreach (motorbikes, fuel, transport & staff mentoring)	64%
Support community leader training in immunization	50%
Support monitoring and reporting of immunization coverage	43%
Support health worker training	29%
Support CHC to coordinate and collaborate yearly implementation planning	21%
Support school student immunization orientation	14%
Support to provide Indonesian midwives to CHC	14%

*\* Respondents selected their top 4 characteristics*

# Strengths of IPL Program

MOH/National Partners views *	
Planning and Coordination	100%
Transport and Outreach support	85%
Communication	85%
Collaboration	69%
Management	54%
Leadership	54%
Technical Officer Competence	40%

*\* Respondents selected their top 4 characteristics*

# Micro-planning

IPL assisted development of new national-level micro-planning formats, and strengthened CHC staff and local leader skills in the planning process for vaccination locations.

Change in micro-planning since IPL's baseline:

	Baseline 2011	2012	2013
% CHC with EPI micro-plans	19%	97%	100%
% micro-planning meetings with Chefe Suco	47%	97%	92%

Prior to IPL's input, community members did not participate in micro-planning.

# Micro-planning

Feedback on the effectiveness and value of IPL's support for Micro-planning was highly positive – one of IPL's most successful interventions.

- 94% of Health Managers and MOH/Partners interviewed, rated IPL's support to micro-planning as either “Extremely Effective” or “Effective” (36 respondents)
- Negative responses obtained in the review relate to the non-implementation of plans and follow-up



# Perceptions of Micro-Planning

	Community Leaders and PSF (48)	Vaccinators (16)	Health managers (16)	MOH & National Partners (20)	Combined
How effective is MP in locating under-immunized communities?	100% “extremely effective” or “effective”	81% “extremely effective” or “effective”	86% “extremely effective” or “effective”	100% “extremely effective” or “effective”	92%
How effective is MP in helping suco council know schedule of SISCa, MC and Outreach to then mobilize their communities?	100% “extremely effective” or “effective”	81% “extremely effective” or “effective”	94% “extremely effective” or “effective”	-	92%
How important is it for the community that MP meetings focus on immunization?	-	72% “extremely important” or “important”	92% “extremely important” or “important”	100% “extremely important” or “important”	88%

# Perceptions of Micro-Planning

	Vaccinators (n=16)	Health managers (n=16)	MOH & National Partners (n=20)	Com- bined
How effective is MP in directing changes to health service locations and schedules so more children have easier access to vaccinations?	88% Either “Extremely Effective” or “Effective”	88% Either “Extremely Effective” or “Effective”	-	88%
How effective is MP in bringing together people from different sectors to discuss challenges and solve problems for the EPI program?	-	89% Either “Extremely Effective” or “Effective”	93% Either “Extremely Effective” or “Effective”	91%

# Respondents comments about Impact of Micro-planning

## **Positive impacts:**

- Enable health workers to better perform their tasks
- Can now target the most remote areas and cover areas not reached before
- Increase communities' awareness of the areas with low immunization
- Local leaders can identify their own people not yet received immunization and encourage them to get immunization
- Reinforce relations among health staff and community leaders
- Good collaboration as it involves many sectors
- Increase leadership commitment

## **Negative impacts:**

- Sometimes the implementation of the activities doesn't comply with the planned schedule, so it affects the relationship with community leaders

# Impact of improved Micro-planning

- Due to the effectiveness of revised micro-planning, it has been expanded to the 6 non-IPL-focus districts.
- With HADIAK, an integrated tool has been developed. This has been implemented in Manatuto and Oecusse.

# Micro-planning, continued

## What the respondents said:

- *“If possible, continue these plans, as it helps health staff reach the most remote areas, identify and decide the place for outreach and resolve the problems”* **Health Manager**
- *“We need to continue micro-planning even when IPL stops because it helps communities increase their understanding on immunization”* **Community Leader or PSF**
- *“IPL enabled health workers to better perform their tasks”* **Health Manager**

# Respondents Recommendations for Micro-Planning

Health Managers' and Vaccinators' recommendations:

- Carry out micro-planning at suco level
- Conduct more information sharing and socialization in the future
- After making the plans, the CHC should implement the plan
- Revise micro-planning to ensure more participation of rural communities in order to achieve the coverage target
- All stakeholders involved should follow the planned schedule
- Key people in a given community should be involved in the planning

MOH / National Partners recommendations:

- After making plan there should be socialization of the plan to the community, so they are aware of the plan

# Community Leader Training

IPL supported local DHS and CHC health staff to provide training on immunization for suco leaders and PSF, developing a training module.

Purpose: educate leaders on benefits of immunization and encourage parents to seek vaccination for their children.

IPL prioritized low-coverage sucos.

Training was conducted in 138 out of 250 focus sucos.

# Knowledge Before/After Training

	Before Community Leader Training	After Community Leader Training
I know a lot about immunization	4%	54%
I know a little about immunization	77%	44%
I know almost nothing about immunization	8%	0%
No answer	11%	2%



# Perceptions of Community Leader Training

	Community Leaders and PSF (n=48)	Vaccinators (n=16)	Health managers (n=16)	MOH & National Partners (n=20)	Combined
How important is training about immunization for community leaders?	81% Extremely important 19% Important				100%
How effective has the training been to motivate leaders to mobilize the community	-	86% “extremely effective” or effective”	94% “extremely effective” or effective”	79% “extremely effective” or effective”	86%

# Community Leader Training, Cont

Community Leaders/PSF described their actions following IPL community leader training

- *“Now when parents feel afraid of taking their children to get immunization we always encourage them”*
- *“When there is a meeting... I stood up and talked about the importance of encouraging the community to bring their children to be immunized”*

# More comments about Community Leader Training

- *“It is good to continue this training as it keeps reminding the local leaders of the importance of immunization”* **(Vaccinator)**
- *“Some Suco leaders are beginning to understand about immunization”* **(Health Manager)**
- *“The impact of training is that it is changing community’s behaviors”* **(MOH/P)**

# Respondents recommendations for Community Leader Training

A number of Health Managers and Vaccinators commented that this activity should be continued, and in addition:

- Expand to all sucos
- Conduct training 4 times in a year
- Be more inclusive: invite youth, parents and community at large, as some leaders are passive and don't pass on information to the community
- Extend training beyond one day, as this is not sufficient to absorb necessary information and knowledge related to immunization
- Explore other ways to link with more stakeholders

# Supportive Supervision & Training

Together with health staff, IPL updated an existing supportive supervision checklist, developing new formats to assess quality of EPI service delivery and skills of vaccinators.

IPL assisted DPHO to conduct quarterly supportive supervision of Vaccinators.

## **The IPL program:**

- provided refresher training, on-the-job training, mentoring & support for health staff
- assisted supervisors to build trust and confidence with vaccinators on the use of checklists
- developed job-aids and tools for vaccinators

# Informants view of Supportive Supervision & Training

	Vaccinators (n=16)	Health managers (n=16)	Com- bined
My knowledge (vaccinators knowledge) of vaccination has increased because of <b>training</b> supported by IPL	75% “strongly agree” or “agree”	90% “strongly agree” or “agree”	83%
How would you rate the quality of technical vaccination <b>training</b> you have participated in this year?	100% Either “excellent quality” or “good quality”	87% either “excellent quality” or “good quality”	94%
Each time I (the vaccinator) have supportive supervision I learn something.	76% either “strongly agree” or “agree”	100% either “strongly agree” or “agree”	88%
How would you rate the quality of the supportive supervision you (the vaccinator) has participated in this year?	88% Either “strongly agree” or “agree”	100% Either “strongly agree” or “agree”	94%
How would you rate the quality of supportive supervision you (your staff) have received this year?	76% Either “Excellent quality” or “good quality”	68% Either “excellent quality or good quality”	72%

# Supportive Supervision

## What the respondents said:

- *“When many people come to SISCa sometimes we forget to register the names, so they tell us to register, they have us sit with them and explain minor mistakes we’ve done and provide feedback on how to improve in the future”*  
**(Vaccinator)**
- *“I learned from them how to check temperature and check vaccines brought back from the field”* **(Vaccinator)**

# Respondents comments about Supportive Supervision

- All 16 vaccinators said that supportive supervision should continue and that if stopped, program implementation would suffer.
- They want training and supervision to continue to refresh their skills and remind them of important tasks.
- Most comments related to improved storage and use of vaccines.



# Uma Imunizasaun

IPL developed a community based immunization tracking tool called *Uma Imunizasaun* (Immunization House). In pilot sucos IPL trained leaders and PSF to list all children <1 year, record the dates of each vaccination and make home visits to motivate parents when a child falls behind.

- 9 pilot sucos in 7 Districts
- Monthly updates to support PSF/Leaders
- Partnership with Clinic Café Timor in 3 districts
- CHC level training in the “small version” of the tool

# Uma Imunizasaun

	Vaccinators (16)	Health Managers (16)	MOH/P (20)	Com- bined
How effective has the Uma Imunizasaun Tool been in helping communities take responsibility for ensuring their children are vaccinated?	80% Either “Extremely effective” or “effective”	75% Either “Extremely effective” or “effective”	93% Either “Extremely effective” or “effective”	83%

# Respondents comments about Uma Imunizasaun

## **Community Leaders and PSF:**

- Most people were satisfied with the training but some commented scheduling could have been better coordinated
- It is easy to identify children <1 year and follow up for the next immunization
- We understand the immunization and interval dates
- Community leaders and PSF are now taking responsibility for mobilizing the community
- Suggest to assign one person as a leader to organize monthly update sessions
- Suggest greater incentives provided to PSF to undertake this work
- The government should continue with this activity.

# Respondents comments about Uma Imunizasaun

## **Vaccinators:**

- It is a very useful tool that needs to be carried on in the future.
- Expand the UI Tool to other suco's and have MOH take up this activity when IPL leave

## **Health Managers:**

- Continue and expand the UI Tool. Print more instruments
- Provide regular monitoring of this tool
- Very useful, but will add to the workload of health workers
- Good instrument – but we (our suco) did not get good follow-up from IPL

# Impact of Uma Imunizasaun

## **Health Managers and MOH/P views:**

- All children could be identified, so they receive complete immunization
- The tool helps to reduce drop-out
- Able to obtain information on the immunization status of each child in each aldeia
- Able to identify target children < 1 year
- More people are motivated to bring their kids to get immunization

# School Orientation

In collaboration with school health promotion staff, IPL developed an orientation package on the benefits of immunization for junior high school students. The package was approved by the MOH and MOE.

- With DHS/CHC staff, IPL presented the training to a number of schools.
- Some respondents recommended expanding this activity to all schools. Others felt it was too early to show any impact in this activity.

# School Orientation

## What the respondents said:

- *“School kids feel motivated to share information on immunization” (Health Manager)*
- *“Through schools we can spread information to parents and for the students themselves. It’s useful information for when they get older (Health Manager)*

# Support to SISCa, MC, Outreach

IPL supported the operation of mobile clinics, outreach services and functioning of SISCa by providing resources (motorcycles, fuel, maintenance) and technical assistance and mentoring.

- Respondents comments indicated that this was a highly successful and valued activity



# Support to SISCa, MC, Outreach

	Health managers (n=16)	MOH/P (n=20)	Com- bined
Effectiveness of this support to improve immunization coverage	88% Either “Extremely Effective or Effective”	97% Either “Extremely Effective or Effective”	93%
Rate the quality of this IPL activity	88% Either “Extremely Effective or Effective”	86% Either “Extremely Effective or Effective”	87%

# Other contributions by IPL

- IPL has been an active member of the national EPI working group, providing advice and advocating on issues of national importance
- Assisted with a 2011 country-wide measles catch-up campaign
- Supported the 2012 introduction of pentavalent vaccine
- IPL has cooperated and developed partnerships with other health partners

# IPL's model of support/responsiveness

- IPL always tried to avoid implementing by itself.
- IPL actively engaged with all level of the health system; MOH, DHS, CHC staff and community to implement it multi-component and complementary program activities
- IPL supported the development of program guides and was responsive to local needs, developing multiple tools and job aids for health workers

# Lessons learned (Project wide)

- Critical lessons that emerge from this experience:
  - IPL's dual focus on improving both immunization services and their utilization appears to be necessary and effective.
  - District and local health staff can achieve higher coverage if they have more resources and support; local leaders and communities have a lot to contribute once they are informed and respectfully engaged by the program.
  - Short projects of support from international programs can only rarely be expected to have sustainable impacts. Longer implementation timelines are necessary to build local capacity and achieve sustainability.
  - Time-limited funding with precise targets are challenging – they don't leave room for flexibility and local problems solving responses
  - Projects that target impact to national indicators require at least 5 years implementation

# Lessons Learned (Activity-based)

- Involving local leaders has helped the mobilization of under-immunized communities. The provision of relevant training has increased knowledge and understanding of leaders on immunization.
- UI tool, micro-planning and supportive supervision have strengthened the relationship among health workers and local leaders and partners.

# Challenge in the Program Review

- Unavailability of some identified participants during data collection
- The project did not track any indicators for either the effectiveness or the quality of the support it provided, and there was no objective basis available for assessing these parameters.
- Time constraints/short review period
- Health staff rotation program means new staff not well aware of the program to provide good data

# Recommendations

- Continue the interventions that have had an impact on service delivery and demand generation;
  - Support of CHC-level micro-planning
  - Support to SISCa's, mobile clinic and outreach services with transport , fuel, technical support and mentoring
  - Use of the Uma Imunizasaun tool to track coverage
  - Support of CHC-level micro-planning.
- **Donors:** design programs for longer terms to allow flexibility in assisting local problem solving.

# Conclusion

- IPL has achieved its main purpose of assisting the MOH to reverse a decline in national immunization coverage rates.
- While the target for IPL's MCC indicator (81.5% average coverage for DPT3/measles immunization nationally) was not met, this appeared largely due to factors beyond the project's control, including failures in national vaccine supplies.
- Strengthening of the overall EPI system was achieved.
- The project initiated a wide range of activities aimed at supporting and strengthening immunization services - while a direct link to the increases in coverage cannot be proved, it appears that together, these initiatives have resulted in the rise in coverage rates observed.



# Acknowledgement

The review team is very grateful for the support and contribution of all review participants